

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # K28023	
1. Entity Name P & M GROVES, INC.	
Principal Place of Business MARTIN COUNTY INDIANTOWN, FL 34956 US	Mailing Address BOX 1249 LOXAHATCHEE, FL 33470



DO NOT WRITE IN THIS SPACE

02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2930719	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORZO, PEDRO A. 804 FLA. MANGO CT. W. W. PALM BEACH, FL 33406	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CORZO, PEDRO ANTONIO 804 W. FLAMINGO COURT W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CORZO, MAXIMO 780 W. FLAMINGO COURT W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORZO, ALFREDO 214 SALZEDO ST ROYAL PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/15/05-80074-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alfredo Corzo 4-13-05 561-798-3619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #